

## CONTACT INFORMATION SHEET

1/08

**INSTRUCTIONS:** This form is to be completed by a Human Resource Specialist, for significant contacts made during a fire assignment. Complete one "Contact Information Sheet" for each contact involving Civil Rights (race/color, national origin, sex, religion, disability, age, sexual harassment issues etc.) or Other Contacts that require performance of research, conflict resolution, negotiations, and/or recommendations to resolve problems within the incident or with incident personnel. DO NOT DOCUMENT routine questions or contacts about such things as: camp personnel, assignments, inquiries about what HRSP duties are, or basic fire activity, etc.

\_\_\_\_\_  
(Incident Name)

**Initial Contact's Name:** \_\_\_\_\_ **Home Agency:** \_\_\_\_\_  
**Fire Duty Assignment:** \_\_\_\_\_  
**Home Unit Work Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**Date/Time First Contact:** \_\_\_\_\_  
**Date/Time Completion/Resolution:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Home Agency:** \_\_\_\_\_  
**Fire Duty Assignment:** \_\_\_\_\_  
**Home Unit Work Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**Date/Time First Contact:** \_\_\_\_\_  
**Date/Time Completion/Resolution:** \_\_\_\_\_

### Civil Rights:

**Basis of Concern:** (as identified by contact) circle choice:

Race   Sex   Color   National Origin   Disability   Religion   Age   Sexual Harassment  
Sexual Orientation   Marital Status   Genetic Information   Family/Parental Status   Other

### Other than Civil Rights:

Conflict/Lack of Mutual Respect   Working Conditions   CISM   Hours of Duty  
Illegal Drugs   Alcohol   Training   Performance   Security   Pay   Defusing/Personal  
Emergency

**Issue(s) of concern:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of concern/conflict:** (describe basic issue, act, or occurrence, and how it is allegedly discriminatory/inappropriate) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Specific corrective action/resolution requested:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fully describe the HRSP's inquiry and efforts to resolve/mediate the conflict/concern:**  
(include a description and date/time of interviews conducted and documents reviewed) \_\_\_\_\_

\_\_\_\_\_

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**Resolution:** (fully describe date/time and action taken by supervisors/management officials to resolve concern/conflicts) \_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

**Response to resolution (satisfied/dissatisfied) comments:** \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**Follow-up/referred to:** (include name, phone, address, date/time of referral if possible)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERRAL SUMMARY OF INFORMATION

DATE: \_\_\_\_\_

### Incident

#### Commander:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(      )

### Incident

#### Supervisor:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(      )

### Human Resource

#### Specialist:

Address: \_\_\_\_\_

Phones \_\_\_\_\_

(      )



When Issues are Referred to the Home Unit Include:

### Incident Commander

Signature: \_\_\_\_\_ Date: \_\_\_\_\_